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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						
1 hereby appoint:						
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Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
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			*			
as altoray(s) or agent(s) to represent the undersigned before the United States Palent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CPR 3.73(b).						
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X The address associated with Customer Number: 25096 OR						
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Assignee Name and Address: Tian Holdings, LLC 2711 Centerville Road, Suite 400 Wilmington, Delaware 19808						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SBI98 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Altomap is to be filled.						
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	Aug Lion	10	Da	te Jan.	31, 2008	
Name	Guy Provix (Tel	ephone		
Title	Authorized Person					